

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 157

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> c. LENGTH OF STAY (in this place) <u>6 Years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noyes Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> d. STREET ADDRESS (If rural, give location) <u>1206 Wilson Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) <u>MONROE</u>		c. (Last) <u>MOHLER</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>8,</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 12, 1900</u>		9. AGE (in years last birthday) <u>51</u> If under 1 year: Months <u>0</u> Days <u>26</u> If under 24 hrs: Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Collection Dept. of Farmers Mutual Hail Ins.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lamar, Missouri.</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James William Mohler</u>		13b. MOTHER'S MAIDEN NAME <u>Kent Burson</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Cartmell Mohler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James M. Mohler, Columbia, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hypertension, Arterial</u> II. OTHER SIGNIFICANT CONDITIONS <u>Prior Coronary - 3 Months ago.</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy, Jacksonian</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u> <u>Several Years</u> <u>Several Years</u> <u>Unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan. 29, 1951</u> , to <u>Feb. 8, 1951</u> , that I last saw the deceased alive on <u>Feb. 8, 1951</u> , and that death occurred at <u>10:55 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Maurice E. Cooper, M.D.</u>		(Degree or title)		23b. ADDRESS <u>11 Columbia, Missouri</u>		23c. DATE SIGNED <u>Feb. 9, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 11, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 10 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service, Columbia, Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1961 12 8 33

RECEIVED 2-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 2-13-51 -----

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by -----

Student Embalmer No. -----

working under my personal supervision.

Student -----
Student Embalmer

Signed

Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.